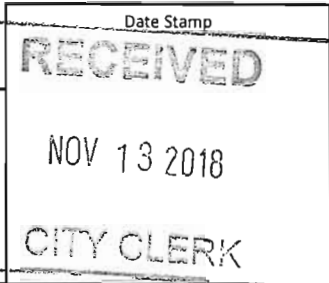


**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 11 / 12 / 2018



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1309424	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Committee to Elect Mary Ann Nihart for City Council 2016

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Pacifica	STATE CA	ZIP CODE 94044	AREA CODE/PHONE [REDACTED]
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FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE _____	JURISDICTION WHERE COMMITTEE IS ACTIVE _____
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NAME OF TREASURER
Linda Jonas

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Pacifica	STATE CA	ZIP CODE 94044	AREA CODE/PHONE [REDACTED]
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____	DATE	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 11/12/2018	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT